



HEALTH CARE FOR ALL



PFAC Annual Report Form

Health Care For All (HCFA) is a Massachusetts nonprofit consumer advocacy organization working to create a health care system that provides comprehensive, affordable, accessible and culturally competent care to everyone, especially the most vulnerable among us. HCFA works to achieve this mission through advocacy, education, direct service to consumers and collaboration with partners and consumers to develop strategies that empower the patient voice in improving the health care system.

- **Why complete an annual report for my PFAC?**

Under Massachusetts law, hospital-wide PFACs are required to write annual reports by October 1st each year. These reports must be made available to members of the public upon request. As in past years, HCFA is requesting a copy of each report and submitted reports will be posted on HCFA's website, www.hcfama.org. HCFA recommends using this template to assist with information collection, as well as the reporting of key activities and milestones.

- **What will happen with my report and how will HCFA use it?**

We recognize the importance of sharing of information across PFACs. Each year, we

- make individual reports available online
- share the data so that PFACs can learn about what other groups are doing
- Communicate with the Department of Public Health about report collection

- **Who can I contact with questions?**

- Please contact us at PFAC@hcfama.org or call us at 617-275-2982.

If you wish to use this Word document or any other form, please email it to PFAC@hcfama.org.

Reports should be completed by October 1, 2017.

2017 Patient and Family Advisory Council Annual Report Form

The survey questions concern PFAC activities in fiscal year 2017 only: (July 1, 2016 – June 30, 2017).

Section 1: General Information

1. Hospital Name: Cambridge Health Alliance

NOTE: Massachusetts law requires every hospital to make a report about its PFAC publicly available. HCFA strongly encourages you to fill out a separate template for the hospital-wide PFAC at each individual hospital.

2a. Which best describes your PFAC?

- We are the only PFAC at a single hospital – **skip to #3 below**
- We are a PFAC for a system with several hospitals – **skip to #2C below**
- We are one of multiple PFACs at a single hospital
- We are one of several PFACs for a system with several hospitals – **skip to #2C below**
- Other (Please describe: _____)

2b. Will another PFAC at your hospital also submit a report?

- Yes
- No
- Don't know

2c. Will another hospital within your system also submit a report?

- Yes
- No
- Don't know

3. Staff PFAC Co-Chair Contact:

2a. Name and Title: Sarah Primeau, MSW, MPH, Community Relations Manager
Mary Cassesso, MPA, Chief Community Officer & Foundation President

2b. Email: sprimeau@challiance.org
mcassesso@challiance.org

2c. Phone: 617-591-4947
617-591-4091

Not applicable

4. Patient/Family PFAC Co-Chair Contact:

3a. Name and Title: _Barbara August, PFAC Patient Co-Chair

3b. Email: barbaralaugust@hotmail.com

3c. Phone: 617-852-5109

Not applicable

5. Is the Staff PFAC Co-Chair also the Staff PFAC Liaison/Coordinator?

Yes – skip to #7 (Section 1) below

No – describe below in #6

6. Staff PFAC Liaison/Coordinator Contact:

6a. Name and Title: _____

6b. Email: _____

6c. Phone: _____

Not applicable

Section 2: PFAC Organization

7. This year, the PFAC recruited new members through the following approaches (check all that apply):

Case managers/care coordinators

Community based organizations

Community events

Facebook, Twitter, and other social media

Hospital banners and posters

Hospital publications

Houses of worship/religious organizations

Patient satisfaction surveys

Promotional efforts within institution to patients or families

Promotional efforts within institution to providers or staff

Recruitment brochures

Word of mouth/through existing members

Other (Please describe: _____)

N/A – we did not recruit new members in FY 2017

8. Total number of staff members on the PFAC: 8

9. Total number of patient or family member advisors on the PFAC: 10

10. The name of the hospital department supporting the PFAC is: CHA Executive Office/ CHA Foundation

11. The hospital position of the PFAC Staff Liaison/Coordinator is: Community Relations Manager

12. The hospital provides the following for PFAC members to encourage their participation in meetings (check all that apply):

Annual gifts of appreciation

Assistive services for those with disabilities

Conference call phone numbers or “virtual meeting” options

Meetings outside 9am-5pm office hours

- Parking, mileage, or meals
- Payment for attendance at annual PFAC conference
- Payment for attendance at other conferences or trainings
- Provision/reimbursement for child care or elder care
- Stipends
- Translator or interpreter services
- Other (Please describe: _Tickets to local events/performances/conferences etc._)
- N/A

Section 3: Community Representation

The PFAC regulations require that patient and family members in your PFAC be “representative of the community served by the hospital.” If you are not sure how to answer the following questions, contact your community relations office or check “don’t know.”

13. Our hospital’s catchment area is geographically defined as:

Cambridge Health Alliance (CHA) is a regional safety net health system committed to providing high quality care to diverse and low-income populations from eight urban cities north and west of Boston, MA. CHA has three hospitals in Somerville, Cambridge, and Everett as well as 15 neighborhood health centers and primary care practices throughout Somerville, Cambridge, Everett, Malden, and Revere.

Don’t know

14. Tell us about racial and ethnic groups in these areas (please provide percentages; if you are unsure of the percentages check “don’t know”):

As the sole public hospital in Massachusetts, CHA serves as a safety net for nearly 150,000 of the state’s most vulnerable and diverse patients. Approximately 70% of CHA patients are low-income, disabled, elderly or uninsured. CHA’s primary service area has a high percentage of residents living below the federal poverty level (13-28% cf. to the state average of 11.6%) and serves a diverse patient population (see below).

	RACE						ETHNICITY	
	%	%	%	%	%	%	%	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Other	Hispanic, Latino, or Spanish origin	
14a. Our defined catchment area	0.1%	11.4%	9.2%	0.0%	57.7%	3.6%	17.9%	<input type="checkbox"/> Don’t know

14b. Patients the hospital provided care to in FY 2017	0.1%	9.0%	17.4%	0.0%	39.5%	34.0%	13.8%	<input type="checkbox"/> Don't know
14c. The PFAC patient and family advisors in FY 2017					84.0%	16.0%	5%	<input type="checkbox"/> Don't know

*14a Data source is 2011-2015 American Community Survey estimates (most recent data available)

*14b Data source includes FY2017 primary care patients. Ethnicity data is based on detailed ethnicity and includes all Spanish-speaking countries (e.g., Puerto Rican, Spanish, Salvadoran, etc.).

15. Tell us about languages spoken in these areas (please provide percentages; if you are unsure of the percentages select "don't know"):

	Limited English Proficiency (LEP)	
	%	
15a. Patients the hospital provided care to in FY 2017	43%	<input type="checkbox"/> Don't know
15b. PFAC patient and family advisors in FY2017		<input checked="" type="checkbox"/> Don't know

15c. What percentage of patients that the hospital provided care to in FY 2017 spoke the following as their primary language?

	%
Spanish	11.1%
Portuguese	16.2%
Chinese	0.7%
Haitian Creole	6.2%
Vietnamese	0.6%
Russian	0.2%
French	0.4%
Mon-Khmer/Cambodian	0.0%
Italian	0.2%

Arabic	1.3%
Albanian	0.2%
Cape Verdean	0.2%

Don't know

15d. In FY 2017, what percentage of PFAC patient and family advisors spoke the following as their primary language?

	%
Spanish	
Portuguese	
Chinese	
Haitian Creole	
Vietnamese	
Russian	
French	
Mon-Khmer/Cambodian	
Italian	
Arabic	
Albanian	
Cape Verdean	

Don't know *We have PFAC members who speak the following languages at home (depending on circumstance) - but not necessarily as their primary language: Spanish, Hindi, Portuguese.

16. The PFAC is undertaking the following activities to ensure appropriate representation of our membership in comparison to our patient population or catchment area:

We have had some success this year in recruiting patients to the PFAC who truly reflect the patient population served by our entire system. Over the past few years we have made a strong effort to recruit more patients to the PFAC. However, we continue to aspire to get patients who represent the diversity of our community. That said, we have made improvements and have recruited patients of different ethnic/racial/linguistic/ability backgrounds. There is still work to be done and we plan to strengthen recruitment efforts at our 14 care centers and specifically target populations that we know are engaged in care but not currently serving on our PFAC (e.g. Muslim patients).

Section 4: PFAC Operations

17. Our process for developing and distributing agendas for the PFAC meetings (choose):

- Staff develops the agenda and sends it out prior to the meeting
- Staff develops the agenda and distributes it at the meeting
- PFAC members develop the agenda and send it out prior to the meeting
- PFAC members develop the agenda and distribute it at the meeting
- PFAC members and staff develop agenda together and send it out prior to the meeting. (Please describe below in #17a)
- PFAC members and staff develop agenda together and distribute it at the meeting. (Please describe below in #17a)
- Other process (Please describe below in #17b)
- N/A – the PFAC does not use agendas

17a. If staff and PFAC members develop the agenda together, please describe the process:

At every meeting we end with a discussion of next steps and plans for future meetings. We often use this discussion to guide the development of the agenda for the following months meeting. Several weeks before the scheduled PFAC meeting, the staff co-chairs, along with the patient co-chair, edit and finalize the agenda. The Monday before each meeting, the agenda is emailed to all PFAC members and they are given the opportunity to make additions/edits. Printed copies of the agenda are distributed during the actual meeting.

17b. If other process, please describe:

18. The PFAC goals and objectives for 2017 were: (check the best choice):

- Developed by staff alone
- Developed by staff and reviewed by PFAC members
- Developed by PFAC members and staff
- N/A – we did not have goals for FY 2017 – **Skip to #20**

19. The PFAC had the following goals and objectives for 2017:

- 1) Increase recruitment of patient/family PFAC members. Special emphasis on recruiting patients that reflect our diverse patient population. We also would like to have patients who can represent our different service area communities.
- 2) Improved integration into the CHA system. The PFAC has gained standing and momentum over the past year and for 2017 we want to be a well-known entity and resource of and for Cambridge Health Alliance. The PFAC will work to be more closely tied to department leadership and integrated into quality improvement processes. In addition, the PFAC would

like to have a formalized relationship with the CHA Board of Trustees. It is our hope that CHA member(s) will attend at least 1 BOT meeting per year in order to share PFAC activities and accomplishments. The BOT has expressed a desire to include the patient voice in their meetings and this will be a good way to allow this exchange to happen. We would also like to see the CEO and/or BOT member(s) at at least 1 PFAC meeting a year.

3) Increased presence and participation in CHA and community events. As a PFAC, we want to be a known resource and show our support of CHA activities. Our goal is to participate in more activities (walks, fundraisers, conferences, celebration events) and increase visibility of the PFAC both within CHA and the community.

20. Please list any subcommittees that your PFAC has established:

The PFAC does not have any formal subcommittees, but rather members decide what projects they would like to participate in and choose where they would like to focus their efforts.

21. How does the PFAC interact with the hospital Board of Directors (check all that apply):

- PFAC submits annual report to Board
- PFAC submits meeting minutes to Board
- Action items or concerns are part of an ongoing "Feedback Loop" to the Board
- PFAC member(s) attend(s) Board meetings
- Board member(s) attend(s) PFAC meetings
- PFAC member(s) are on board-level committee(s)
- Other (Please describe: _____)
- N/A – the PFAC does not interact with the Hospital Board of Directors

22. Describe the PFAC's use of email, listservs, or social media for communication:

Over the past few years we have invested time and resources into making a PFAC webpage and improving our social media presence. Our webpage now allows patients to apply to be a part of the council online. We also have been including PFAC stories and accomplishments in CHA's internal newsletter (eBEAT) as well as in our out-facing patient newsletter and on our webpage. In terms of internal communications, the PFAC uses email often to get work and activities completed in between monthly meetings.

- N/A – We don't communicate through these approaches

Section 5: Orientation and Continuing Education

23. Number of new PFAC members this year:

6 new PFAC members in 2017

24. Orientation content included (check all that apply):

- "Buddy program" with experienced members
- Check-in or follow-up after the orientation
- Concepts of patient- and family-centered care (PFCC)
- General hospital orientation
- Health care quality and safety
- History of the PFAC
- Hospital performance information
- Immediate "assignments" to participate in PFAC work
- Information on how PFAC fits within the organization's structure
- In-person training
- Massachusetts law and PFACs
- Meeting with hospital staff
- Patient engagement in research
- PFAC policies, member roles and responsibilities
- Skills training on communication, technology, and meeting preparation
- Other (Please describe below in #24a)
- N/A – the PFAC members do not go through a formal orientation process

24a. If other, describe:

25. The PFAC received training on the following topics:

- Concepts of patient- and family-centered care (PFCC)
- Health care quality and safety measurement
- Health literacy
- A high-profile quality issue in the news in relation to the hospital (e.g. simultaneous surgeries, treatment of VIP patients, mental/behavioral health patient discharge, etc.)
- Hospital performance information
- Patient engagement in research
- Types of research conducted in the hospital
- Other (Please describe below in #25a)
- N/A – the PFAC did not receive training

25a. If other, describe:

Section 6: FY 2017 PFAC Impact and Accomplishments

The following information only concerns PFAC activities in the fiscal year 2017.

26. The five greatest accomplishments of the PFAC were:

Accomplishment	Idea came from (choose one)	PFAC role can be best described as (choose one)
<p>26a. Accomplishment 1:</p> <p>Recruitment:</p> <p>An on-going PFAC goal is to recruit new members to the council. This includes new patients/families as well as staff from within the system. For many years the PFAC struggled to have an equal and representative membership of patients and staff and we put a great deal of focus on increasing patient recruitment. The PFAC partnered with CHA's Marketing Department and created new advertising materials to display in our hospitals and health centers (see attached at the end of report). We also included information on the PFAC in our internal staff newsletter and through CHA system-wide communications. This method was effective and we received several referrals from clinicians who had patients that were interested in joining.</p> <p>Overall, we were successful in our recruitment activities. We welcomed six new PFAC members to the council this year. Of them, four were patients and two were CHA staff members. One of the CHA staff members who joined is also a patient. The new patients who joined the PFAC this year have different backgrounds and experiences and have been exciting additions to the group. We now have representation of people with disabilities, which is extremely important when working to include the patient voice in care improvement. Our new staff PFAC members have also been a valuable addition. We now have someone from care management and another staff member from a site in our MCREW (Malden, Chelsea, Revere, Everett, Winthrop) service area.</p>	<p><input checked="" type="checkbox"/> Patient/family advisors of the PFAC</p> <p><input type="checkbox"/> Department, committee, or unit that requested PFAC input</p>	<p><input type="checkbox"/> Being informed about topic</p> <p><input checked="" type="checkbox"/> Providing feedback or perspective</p> <p><input checked="" type="checkbox"/> Discussing and influencing decisions/agenda</p> <p><input checked="" type="checkbox"/> Leading/co leading</p>

<p>26b. Accomplishment 2:</p> <p><i>Integration into CHA system and expanded awareness of PFAC:</i></p> <p>PFAC integration into the CHA system has continued to be a prominent focus of our work. Over the year, the PFAC has created relationships with different CHA departments and become a well-known resource for staff. Throughout the year, many different departments came to the PFAC asking for guidance and input into their work. Outlined below are some of the projects that the PFAC has worked on with these departments.</p> <ul style="list-style-type: none"> - Radiology/Pathology report guide for patients. - Impressions and feedback on inpatient and specialty services for system-wide strategic planning process. - OpenNotes - psychiatry. - Feedback to the CHA Utilization Review Committee "observation status" notification and patient facing materials. - Marketing materials - "We Care For All" billboard and patient/community-facing ads. - Finance/billing operation 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input checked="" type="checkbox"/> Department, committee, or unit that requested PFAC input 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

<p>Improvement.</p> <ul style="list-style-type: none"> - Clinical waiting room experience (TV etc.) - Maternity - delivery experience improvement. - Medicare Lifetime Reserve Days - notification and patient information. 		
<p>26c. Accomplishment 3:</p> <p><i>Increased presence and participation in events:</i></p> <p>In order to increase integration and awareness into the CHA system, the PFAC wanted to participate in internal and external events. This year, PFAC members participated in many events and joined other hospital committees in order to bring the patient voice to the decision-making table. Outlined below are events/conferences/and forums that PFAC members participated in.</p> <ul style="list-style-type: none"> - Schwartz Center Symposium. - Volunteers for Art of Healing CHA gala and fundraising event. - NAMI walk. - Somerville Chamber of Commerce Dinner. - American Cancer Society Making Strides Team CHA - walk. - American Academy of Arts and Sciences with the Arnold P. Gold Foundation - patient voice symposium. - Black History Month forum. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input 	<ul style="list-style-type: none"> <input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading

<ul style="list-style-type: none"> - Day of Remembrance: CHA event. - Quality/Process Improvement Project Teams - psychiatry - Health Integration Program - volunteer coordinator for drop-in center. - Breast Cancer Awareness month - performance of "Regeneration." 		
<p>26d. Accomplishment 4:</p> <p><i>Project Completion:</i></p> <p>Way-finding was a project that the PFAC initiated over a year ago. As described in our 2016 report, the PFAC worked with CHA's Marketing and Facilities Departments in order to improve signage throughout the Somerville Hospital Campus. This year the PFAC completed this project. New signage was ordered, produced, and installed. Out of this project the PFAC has found issues with appointment reminder letters and this has been identified as a future project for 2018.</p> <p>The PFAC also completed the chapel improvement project this year. This project was initiated and reported on in 2016 and completed over this year. A new cabinet was chosen and purchased by the PFAC and it has been installed in the Somerville Hospital chapel.</p>	<input checked="" type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input checked="" type="checkbox"/> Providing feedback or perspective <input checked="" type="checkbox"/> Discussing and influencing decisions/agenda <input checked="" type="checkbox"/> Leading/co leading
<p>26e. Accomplishment 5:</p>	<input type="checkbox"/> Patient/family advisors of the PFAC <input type="checkbox"/> Department, committee, or unit that requested PFAC input	<input type="checkbox"/> Being informed about topic <input type="checkbox"/> Providing feedback or perspective <input type="checkbox"/> Discussing and influencing decisions/agenda <input type="checkbox"/> Leading/co leading

27. The five greatest challenges the PFAC had in FY 2017:

27a. Challenge 1:

Recruitment: Although recruitment was successful and improved this year, it remains a goal and something we continue to focus on. We want our PFAC to represent the voices of our patients and in order to do this we need to recruit more patient/family members with different cultural, ethnic, and linguistic backgrounds. We also would like more patients from outside Somerville and Cambridge. CHA has expanded its service area into metro-north communities and it is important that those patients are represented on the council. This year we plan to increase recruitment efforts at these sites and work closer with clinicians who can help identify possible patient members. We also plan to work with our Quality Improvement department more closely and try to identify possible members from our Press Ganey and patient-feedback systems in place.

27b. Challenge 2:

Major Projects: This year the PFAC completed two large projects that were initiated last year. This was a huge accomplishment and CHA leadership and council members were happy with results. We did not, however, begin any new major projects this year and plan to establish projects as well as a yearlong calendar schedule in the future. In order for the PFAC to feel successful, it is helpful to see measurable outcomes of projects that we invest time in. Although the PFAC did complete many smaller projects and consultation activities, it would be nice to see major project completion that the council can see through all stages - from identification to initiation and completion.

27c. Challenge 3:

Participation: Overall we have very good participation from staff and patient PFAC members. Members are reliable and great about attending monthly meetings and getting work done during that time. The biggest challenge has been the time in between monthly meetings. We have discovered that in order to reach our highest potential we need to work on projects outside of our usual monthly meetings. While we would love to have a full-time staff member serving in this role, we have limited resources and are unable to do that at this time. We are making it work with staff membership participation, but it continues to be a challenge.

27d. Challenge 4:**27e. Challenge 5:**

N/A – we did not encounter any challenges in FY 2017

28. The PFAC members serve on the following hospital-wide committees, projects, task forces, work groups, or Board committees:

- Behavioral Health/Substance Use
- Bereavement
- Board of Directors
- Care Transitions
- Code of Conduct
- Community Benefits
- Critical Care
- Culturally Competent Care
- Discharge Delays
- Diversity & Inclusion
- Drug Shortage
- Eliminating Preventable Harm
- Emergency Department Patient/Family Experience Improvement
- Ethics
- Institutional Review Board (IRB)
- Lesbian, Gay, Bisexual, and Transgender (LGBT) – Sensitive Care
- Patient Care Assessment
- Patient Education
- Patient and Family Experience Improvement
- Pharmacy Discharge Script Program
- Quality and Safety
- Quality/Performance Improvement
- Surgical Home
- Other (Please describe: _____)
- N/A – the PFAC members do not serve on these – **Skip to #30**

29. How do members on these hospital-wide committees or projects report back to the PFAC about their work?

Several PFAC members participate in work groups and boards outside of regular PFAC meetings. Those who do participate in this initiatives share what they are doing at our monthly meetings and often ask for feedback where needed.

30. The PFAC provided advice or recommendations to the hospital on the following areas mentioned in the Massachusetts law (check all that apply):

- Institutional Review Boards
- Patient and provider relationships
- Patient education on safety and quality matters
- Quality improvement initiatives
- N/A – the PFAC did not provide advice or recommendations to the hospital on these areas in FY 2017

31. PFAC members participated in the following activities mentioned in the Massachusetts law (check all that apply):

- Advisory boards/groups or panels
- Award committees
- Co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees
- Search committees and in the hiring of new staff
- Selection of reward and recognition programs
- Standing hospital committees that address quality
- Task forces
- N/A – the PFAC members did not participate in any of these activities

32. The hospital shared the following public hospital performance information with the PFAC (check all that apply):

32a. Complaints and serious events

- Complaints and investigations reported to Department of Public Health (DPH)
- Healthcare-Associated Infections (National Healthcare Safety Network)
- Patient complaints to hospital
- Serious Reportable Events reported to Department of Public Health (DPH)

32b. Quality of care

- High-risk surgeries (such as aortic valve replacement, pancreatic resection)
- Joint Commission Accreditation Quality Report (such as asthma care, immunization, stroke care)
- Medicare Hospital Compare (such as complications, readmissions, medical imaging)
- Maternity care (such as C-sections, high risk deliveries)

32c. Resource use, patient satisfaction, and other

- Inpatient care management (such as electronically ordering medicine, specially trained doctors for ICU patients)
- Patient experience/satisfaction scores (eg. HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems)
- Resource use (such as length of stay, readmissions)

Other (Please describe: _____)

N/A – the hospital did not share performance information with the PFAC – **Skip to #35**

33. Please explain why the hospital shared only the data you checked in Q 32 above:

At every PFAC meeting we have an overall CHA report and update. This update comes from a member of the Senior Leadership team. Oftentimes data from Press Ganey/Truven/Joint Commission is shared with the group and feedback is solicited. This upcoming year we hope to share more data from the sources listed above.

34. Please describe how the PFAC was engaged in discussions around these data in #32 above and any resulting quality improvement initiatives:

At most PFAC meetings, members have the opportunity to discuss quality initiatives presented by the various departments. Oftentimes staff members from a particular department will share information and ask for feedback and suggestions from the PFAC.

35. The PFAC participated in activities related to the following state or national quality of care initiatives (check all that apply):

35a. National Patient Safety Hospital Goals

- Identifying patient safety risks
- Identifying patients correctly
- Preventing infection
- Preventing mistakes in surgery
- Using medicines safely
- Using alarms safely

35b. Prevention and errors

- Care transitions (e.g., discharge planning, passports, care coordination, and follow up between care settings)
- Checklists
- Electronic Health Records –related errors
- Hand-washing initiatives
- Human Factors Engineering
- Fall prevention
- Team training
- Safety

35c. Decision-making and advanced planning

- End of life planning (e.g., hospice, palliative, advanced directives)
- Health care proxies
- Improving information for patients and families
- Informed decision making/informed consent

35d. Other quality initiatives

- Disclosure of harm and apology
- Integration of behavioral health care
- Rapid response teams
- Other (Please describe _____)

N/A – the PFAC did not work in quality of care initiatives

36. Were any members of your PFAC engaged in advising on research studies?

- Yes
- No – Skip to #40 (Section 6)

37. In what ways are members of your PFAC engaged in advising on research studies? Are they:

- Educated about the types of research being conducted
- Involved in study planning and design
- Involved in conducting and implementing studies
- Involved in advising on plans to disseminate study findings and to ensure that findings are communicated in understandable, usable ways
- Involved in policy decisions about how hospital researchers engage with the PFAC (e.g. they work on a policy that says researchers have to include the PFAC in planning and design for every study)

38. How are members of your PFAC approached about advising on research studies?

- Researchers contact the PFAC
- Researchers contact individual members, who report back to the PFAC
- Other (Please describe below in #38a)
- None of our members are involved in research studies

38a. If other, describe:

39. About how many studies have your PFAC members advised on?

- 1 or 2
- 3-5
- More than 5
- None of our members are involved in research studies

Section 7: PFAC Annual Report

We strongly suggest that all PFAC members approve reports prior to submission.

40. The following individuals approved this report prior to submission (list name and indicate whether staff or patient/family advisor):

M. Cassesso - Staff

S. Primeau - Staff

B. August - Patient

41. Describe the process by which this PFAC report was completed and approved at your institution (choose the best option).

- Collaborative process: staff and PFAC members both wrote and/or edited the report
- Staff wrote report and PFAC members reviewed it
- Staff wrote report
- Other (Please describe: _____)

Massachusetts law requires that each hospital's annual PFAC report be made available to the public upon request. Answer the following questions about the report:

42. We post the report online.

Yes, link: _____ <https://www.challiance.org/donate/patient-family-advisory-council>

No

43. We provide a phone number or e-mail address on our website to use for requesting the report.

Yes, phone number/e-mail address:
sprimeau@challiance.org 617-591-4947

No

44. Our hospital has a link on its website to a PFAC page.

Yes, link: _____

No, we don't have such a section on our website

Contact eBEAT	eBEAT Archives	Wellness Corner	Staff.Net	Stay at CHA
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August 31, 2016

COLLEAGUE COMMUNITY - STAFF PROFILES

Cathy Haines – CHA Patient & PFAC Member



Cathy Haines, a CHA patient and volunteer, is very active in the community. One of the places you can find her is at Cambridge Hospital where she attends monthly meetings as a member of the Patient Family Advisory Council (PFAC). The PFAC is a system-wide council that aims to create positive changes in our health system by supporting an environment where patients and family members feel safe, respected and empowered to be partners in their care. This week learn about Cathy's experiences on the council and what other activities she is involved in at CHA.

"It is an honor to be invited to sit at the table every month with fellow patients and folks at the organization. Everyone has an equal voice and the staff value and listen to what we have to say" says Cathy. The PFAC is also a great resource for CHA staff that need patient input on system and project improvement, quality, patient facing materials, and research. Cathy went on to say, "This is a group that gets things done. Recently, the PFAC has come up with improved signage and way-finding at Somerville Hospital to help people get to where they are going. Another project we have been working on is providing peaceful spaces for people of all faiths to pray or meditate at each hospital."

Another place Cathy can be found is at the CHA Central Street Care Center. An initiative of the Health Integration Program (HIP) and funded in part by the National Alliance on Mental Illness (NAMI), the drop-in program is for consumers of outpatient mental health services at CHA. According to Cathy, "The Community Room fills a vital need in providing a place for friendship and meaningful activity. People with mental illnesses often struggle with loneliness and isolation. This is a stigma-free zone where people can gather once a week to socialize, enjoy a snack,

listen to music, play a game, or make something." Cathy, a licensed occupational therapist with 30 years of experience, calls this her "dream volunteer job" where she is able to be creative and independent, yet feels supported by CHA staff such as **Sandy Cohen**, HIP program director, and **Dr. Miriam Tepper**, HIP medical director. "They make me feel like a valued member of the team. We are having so much fun in the Community Room! Best of all, we are becoming a community. A warm and welcoming group culture is evolving. Everyone gets a name tag. We have close to 50 names, and each week there's more!"

When she's not volunteering with NAMI and CHA, Cathy enjoys singing, riding bikes with her husband Eric, cooking and gardening. For more information on PFAC please contact **Sarah Primeau** at sprimeau@challiance.org.



[eBEAT ARCHIVES](#)

eBEAT is compiled weekly by the Strategic Planning, Marketing and Communications Department to help employees understand our health system. Because eBEAT may contain sensitive information, it is not intended to be distributed to individuals outside CHA.

If you have a question about eBEAT, please email us ebeat@challiance.org. Thank you for helping make eBEAT the Alliance's top communication source.

Would you like to **help CHA create a better experience** for patients and their families?

Join the Patient Family Advisory Council (PFAC)!



To learn more, contact
Sarah Primeau
(617) 591-4947
sprimeau@challiance.org

Projects the PFAC is working on today:

- Helping staff learn from patients, families, and community members
- Communicating needs, concerns, and ideas to staff
- Helping to make it easier to get around CHA Hospitals (Somerville, Cambridge & Whidden)
- Visiting families in the hospital to hear feedback on their stays



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CHA is a safe, respectful, and welcoming place where patients are empowered to be partners in their care **and we need you to help!**

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We're looking for new members to help with:

- Helping staff learn from patients, families, and community members
- Communicating needs, concerns, and ideas to staff



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